Please	type	a plus	sian	(+)	inside	this	box	_
	,,,,,	a p	J.9	٧ : /			~~~	

PTO/SB/05 (03-01) Approved for use through 10/31/2002. OMB 0651-0032

Please type a plus sign (+) inside this box

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No.		1978U.000009				
First Inventor		WOLFE				
Title METHOD FOR MONITORING WATER TREATMENT						

oxplus

(Only for new nonprovisional applications under 37 CFR 1.53(b)) | Express Mail Label No. | EL991638571US

Conty for new month ovisional applications direct of on the month of t									
APPLICATION ELEMENTS				ASSISTANT Commissioner for Patents Box Patent Application ADDRESS TO:					
See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231									
	orm (e.g., PTO/SB/17)	7. CD-ROM or CD-R in duplicate, large table or							
(Submit an original and a duplicate for fee processing) Applicant claims small entity status.				Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission					
2. See 37 CFR 1.27.				(if applicable, all necessary)					
3. Specification [Total Pages 22]				a. Computer Readable Form (CRF)					
 Descriptive title of the invention Cross Reference to Related Applications 				b. Specification Sequence Listing on:					
	ording Fed sponsored R & D		i. CD-ROM or CD-R (2 copies); or						
 Reference to sequence listing, a table, 				i i. Daper					
or a computer program listing appendix - Background of the Invention				c. Statements verifying identity of above copies					
- Brief Summary	of the Invention	1		CCOMPANYING A	APPLIC	ATIO	N PARTS		
- Brief Description - Detailed Descrip	n of the Drawings (if filed)	•	9.	Assignment Paper					
- Claim(s)	540.1		9. <u> </u>	37 CFR 3.73(b) St	•	L	Power of		
- Abstract of the I	Disclosure		10.	(when there is an		L_	Attorney		
4 Drawing(s) (35 U.S.C. 113) [Total Sheets 3]				11. English Translation Document (if applicable)					
5. Oath or Declaration	[Total Pages 2]	12.	Information Disclo Statement (IDS)/P			Copies of IDS Citations		
a. Unsigned 13. Preliminary Amendment									
Copy from a prior application (37 CFR 1.63 (d)) b. (for continuation/divisional with Box 18 completed) Return Receipt Postcard (MPEP 503) (Should be specifically itemized)						503)			
i. DELETION OF INVENTOR(S) 15. Certified Copy of Priority Document(s					nt(s)				
	tement attached deleting inventor(s) he prior application, see 37 CFR		Nonpublication Request under 35 U.S.C. 122						
1.63(d)(2)	and 1.33(b).		10. [→ (b)(2)(B)(i). Applic	ant must a	attach	form PTO/SB/35		
6. Application Data	or its equivalent.								
· · ·			17.	Other:					
	CATION, check appropriate box, and	supply th	e requ	isite information below	and in a p	orelimii	nary amendment,		
or in an Application Data She		CIO)		prior application No.: 10	, 39	2,112	2		
3627									
Prior application information: For CONTINUATION OR DIVISION	ExaminerONAL APPS only: The entire disclosure of	the prior a			declaration	is supp	olied under		
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.									
The incorporation can only be	relied upon when a portion has been inadv				on parts.				
	19. CORRESPO								
Customer Number or Bar Code Label (Insert Customer No. os stigch bar code tabel here) Or Correspondence address below									
Name	Michael A. Slavin, Esq.								
	McHale & Slavin, P.A.								
Address	ddress 4440 PGA Boulevard, Suite 402								
City	Palm Beach Gardens Si		te FL		Zip Code		33410		
Country	USA	Telepho	ne	561-625-6575	Fe	ex .	561-625-6572		
Name (Print/Type)	Leah C. Saar Registration No. (Attorney/Agent) 54,417								
	(//-//	1			Data	10	127/03		
Signature	Flatan		_		Date	_/~	, - 700 J		

Burden Hour Statement: This form is perimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.